

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-019)**

SERIAL NO.

704374

FILING DATE

11-1-00

ATTORNEY

**CLAIMS**

	AS FILED		AFTER 31% DISCOUNT		AFTER 31% DISCOUNT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
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